

**Nebraska Health and Human Services
Regulation and Licensure, Credentialing Division
www.hhs.state.ne.us/crl/nursing/nursingindex.htm
Phone: (402) 471-4376 FAX: (402) 471-1066**

To: Applicant for State Certification as a Certified Registered Nurse Anesthetists

We are pleased that you wish certification to practice nursing as a CRNA in Nebraska.

Certification:

Certification issued by the state of Nebraska is mandatory for Nurse Practitioner-Anesthetists. You may not practice as a CRNA in Nebraska until you are issued a certificate or temporary permit.

To qualify for certification as a Certified Nurse Anesthetist in Nebraska you must:

1. Have a current Registered Nurse license in Nebraska or a multi-state license from another compact state under the Nurse License Compact Act;
2. Have completed an advanced course of study preparing you for your anesthesia role;
3. Have taken and passed the National Certification Examination (NCE) given by the Council on Certification of Nurse Anesthetists. If you are a new graduate, you may obtain a temporary permit for 60 days while awaiting the results of the examination.
4. Within the previous five years, have graduated or practiced in the nurse practitioner-anesthetists specialty role.
5. Submit to a criminal background check.

To apply for certification, you must submit the following:

1. **APPLICATION**
2. **FEE** of \$30 which is **non-refundable**
3. **NATIONAL CERTIFICATION.** Verification of having passed the certifying examination and verification of current national certification must be submitted from the national certifying organization. Check with the national certifying organization regarding the fee charged for this service. If you are a new graduate, please make arrangements for the examination results to be sent to our office.
4. **ACTIVE RN LICENSURE VERIFICATION.** If active RN licensure is in Nebraska, no action is required to meet this requirement. If your primary state of residence under the Nurse License Compact is Nebraska and your Nebraska RN license is inactive or lapsed, you must reinstate your Nebraska RN license. If your primary state of residence is a compact state other than Nebraska and you have a multi-state license in that state, please refer to the instructions on the [NURSIS License Verification Request Form](#). If your primary state of residence is a compact state and you have a multi-state license in that state and it is not covered by NURSIS, please contact the state directly for verification. If your primary state of residence is a non-compact state, you must apply for licensure as an RN in Nebraska.

Primary state of residence, under the Nurse Licensure Compact, means that it is your declared fixed permanent and principal home for legal purposes and is your domicile. Indicators of a domicile include, but are not limited to, where real property is located, where the person pays state taxes, votes, is licensed to operate a motor vehicle, etc.

Click [here](#) for a current list of compact states.

TEMPORARY PERMITS

A temporary permit to practice nursing in an advanced role in Nebraska may be issued to:

1. Graduates pending results of the credentialing examination; and
2. Applicants, for 120 days, pending completion of the application process if you have current licensure/recognition in another state;
3. Applicants for purposes of a reentry program for those applicants who have not graduated or practiced within the previous five years.

All applicants for a CRNA temporary permit must have an RN license or temporary permit in Nebraska or a multi-state RN license/temporary permit in another compact state.

YOU MAY NOT PRACTICE AS A NEW GRADUATE WITHOUT TEMPORARY CERTIFICATION. To apply for a temporary permit as a new graduate, you must submit the following:

1. Application for certification;
2. Application fee of \$30 which is non-refundable;
3. Verification that you are authorized to take the certification examination (a copy of your authorization will meet this requirement).
4. If other than Nebraska, verification of active RN license/temporary permit from another compact state. A notarized copy of your RN license/temporary permit will meet this requirement for purposes of a temporary permit.

To apply for a temporary permit if you have current advanced practice licensure/recognition in another state, you must submit the following:

1. Application for certification;
2. Application fee of \$30 which is non-refundable;
3. Notarized copy of authorization in another state;
4. Notarized copy of current national certification; and
5. If other than Nebraska, verification of active RN license/temporary permit from another compact state. A notarized copy of your RN license/temporary permit will meet this requirement for purposes of a temporary permit.

To apply for a temporary permit if you have not graduated or practiced within the past five (5) years and need to take a reentry program, you must submit:

1. Application for certification;
2. Application fee of \$30 which is non-refundable;
3. Verification that you are registered for a reentry program; and
4. If other than Nebraska, verification of active RN license/temporary permit from another compact state. A notarized copy of your RN license/temporary permit will meet this requirement for purposes of a temporary permit.

Once your credentials begin arriving in our office you have 60 days to complete your application. After that time an incomplete application file will be discarded.

If after carefully reading these instructions and the enclosed regulations you have questions regarding this process, or need assistance in completing the procedure, please call (402) 471-4376.

APPLICATION COMPLETION REMINDERS:

- ☐ Have you requested verification of national certification from the National Certification Organization?
- ☐ Have you enclosed proof of RN licensure?
- ☐ Have you enclosed the required fee?
- ☐ Have you had your fingerprints submitted according to the enclosed instructions?

CRIMINAL BACKGROUND CHECKS

Instructions

LB 306 was passed by the 2005 Nebraska Legislature. This law goes into effect September 4, 2005, and will be codified as Neb. Rev. Stat. §71-104.01.

An applicant for an initial license to practice a profession which is authorized to prescribe controlled substances as determined by the department shall be subject to a criminal background check. The applicant shall submit with the application a full set of fingerprints which shall be forwarded to the Nebraska State Patrol to be submitted to the Federal Bureau of Investigation for a national criminal history record information check. The applicant shall authorize release of the results of the national criminal history record information check to the department. The applicant shall pay the actual cost of the fingerprinting and criminal background check. This section shall not apply to dentists who are applicants for temporary practice rights (locum tenens) under subdivision (5) of section 71-183.01 or to physicians and surgeons who are applicants for temporary practice rights (locum tenens) under subdivision (17) of section 71-1,103.

To avoid delays in processing your application for licensure, fingerprints should be obtained and submitted to the Nebraska State Patrol at the same time as you submit your application for licensure to the Department.

Fingerprinting Procedure

1. **If you received a printed application from our office**, two fingerprint cards were enclosed. Take the fingerprint cards to any State Patrol office or law enforcement agency. Contact information for the Nebraska State Patrol offices is included with these instructions. No appointment is necessary for the Lincoln location. The Lincoln location is open Monday through Friday, 8 a.m. to 4 p.m. for fingerprinting. You must call ahead to schedule an appointment at the Nebraska State Patrol offices located outside of Lincoln to ensure that someone will be there to conduct the fingerprinting. These offices have limited hours when fingerprinting will be conducted.
2. The Nebraska State Patrol does not charge for the service of taking your fingerprints. However, other law enforcement agencies in Nebraska or other states may charge a fee.
3. **If you obtained your application online**, fingerprint cards can be obtained by contacting our office or from any State Patrol office or law enforcement agency.
4. **DO NOT FOLD THE FINGERPRINT CARDS.**
5. You must take one form of photo ID with you when obtaining your fingerprints. Acceptable forms of ID include a driver's license, visa or passport. If you are from a foreign country and do not have one of these forms of photo identification, provide any documentation issued by your country, legal sovereign or consulate.
6. You may print your name, address, Social Security Number, date and place of birth, and physical identifiers on the fingerprint cards. **DO NOT sign the fingerprint cards** until the law enforcement officer has verified your signature with the form of identification that you provide. **DO NOT write in the field labeled ORI.** In the space on the fingerprint cards marked "Reason Fingerprinted", you should print the following: **"R & L Health Credentialing"**.

7. After the fingerprinting procedure is completed, the cards will be given to you. **DO NOT FOLD THE FINGERPRINT CARDS.** Place the cards in the envelope provided (if you obtained the cards from us), along with a personal check, money order or cashier's check for the appropriate fee listed below, payable to the Nebraska State Patrol, and drop it in the mail. If you obtained the cards from a State Patrol office or other law enforcement agency, you will need to place the cards and the payment in an envelope addressed to:

Nebraska State Patrol
CID Division
P.O. Box 94907
Lincoln, NE 68509

Fees

Fingerprints submitted on or after June 1, 2006, must include payment of \$38.00.

8. It may take several weeks for your criminal background check to be received by the Department. No licensing decision will be made until all information is received.

Offices of the Nebraska State Patrol

Days/Hours that Fingerprinting is Conducted

Troop A
4411 S. 108th St.
Omaha, NE 68137
Phone: 402/595-2410

Wednesday mornings from 8:00 a.m. to noon
(appointment required)

Troop B
1401 Eisenhower Ave.
Norfolk, NE 68701
Phone: 402/370-3456

Usually on Tuesdays
(appointment required)

Troop C
3431 Potash
Grand Island, NE 68802
Phone: 308/385-6000

Mondays from 10:00 a.m. to noon
and from 1:00 p.m. to 2:45 p.m.
(appointment required)

Troop D
300 West South River Road
North Platte, NE 69101
Phone: 308/535-8265 ext. 219

Monday, Tuesday, Thursday, Friday
from 8:30 a.m. to 5:00 p.m.
Wednesday from 8:30 a.m. to 2:30 p.m.
(appointment required)

Troop E
4500 Avenue I
Scottsbluff, NE 69361
Phone: 308/632-1211

Wednesdays after 1:00 p.m.
(appointment required)

Criminal Identification Division (CID)
233 S. 10th St.
Lincoln, NE 68508

Monday through Friday 8:00 a.m. to 4:00 p.m.
(no appointment necessary)

This form may be completed online, printed and mailed to the address listed below.

Department of Health & Human Services Regulation and Licensure
Credentialing Division, PO Box 94986
Lincoln NE 68509

www.hhs.state.ne.us/crl/nursing/nursingindex.htm

(402) 471-2666 or fax (402) 471-1066

Fee: \$30.00 – Non-Refundable

APPLICATION FOR CERTIFICATION: CERTIFIED REGISTERED NURSE ANESTHETIST

A. Personal Information:				
Name	Last:	First:	Middle:	Previous Names
Address	Street/PO/Route:			
	City:	State:		Zip:
Telephone	Home:		Work:	
Social Security #		Date of Birth:	Place of Birth:	

B. Education:			
NRNA Educational Program Name:			
Address	Street/PO/Route:		
	City:	State:	Zip:
Date Completed		You must identify the exact date you completed your program OR submit an official transcript showing graduation date.	
<input type="checkbox"/> Masters <input type="checkbox"/> Post Masters Certificate <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Certificate			

Temporary Permit:

If you are a **new graduate** and requesting a temporary permit prior to the availability of your official transcript, you must have the advanced nursing education program chair submit a letter attesting to your successful completion of program requirements.

If you have been **previously authorized in another state to practice in an advanced practice role** and requesting a temporary permit to practice in Nebraska during the application process, you must submit a copy of your authority to practice, i.e., license or certificate, from the other state in which you were authorized.

C. License Eligibility Information:			
1	You must hold a current license as a Registered Nurse in Nebraska or hold a multi-state RN license from another compact state under the Nurse License Compact Act. Click here for verification request form if you hold a multi-state RN license from another compact state. (Please see the instruction sheet for a list of compact states and further instructions regarding provision of verification.)		
	State:		RN License #:
2	Have you ever been denied a license/certificate to practice in another state or jurisdiction? (Yes/No)		

		You must answer Yes or No
3	Are there any pending complaints or disciplinary action, OR have disciplinary proceedings ever been instituted against any license/certification by a licensing agency?	
4	Have you ever been convicted of or are there now pending any criminal or misdemeanor prosecutions against you in any court other than a minor traffic violation?	
5	If you answered "yes" to any question 2 through 4, please submit a letter of explanation.	
6	If more than five years have elapsed since you completed the CRNA educational program, have you practiced at least 2080 hours within the previous five years?	

D. National Certification (You must have successfully passed/or be scheduled to take a National Certification Examination from the National Council on Certification of Nurse Anesthetists.)			
Date Scheduled			
OR			
Year of examination		and Certification #	
Temporary Permits: If have not yet taken a national certifying examination, you must submit verification of being scheduled for the examination to be eligible for a temporary permit. Please submit a copy of your eligibility from the certifying organization. If you have already successfully passed a national certifying examination, please submit a copy of your current national certification status.			
An official record from the national certifying body attesting to national certification must be submitted to qualify you for licensure. Please contact the Certifying Body and ask them to send official notification of the date of examination and current certification status.			

State of _____ County of _____

I _____ confirm that I am the person referred to in this Application for Certification as a CRNA in the State of Nebraska; that the statements here in are true to the best of my knowledge and belief; and that I have read and understand the affidavit.

Legal Signature of Applicant _____

Date _____

Licensure Fee is \$30 and is non-refundable. Make check or money order payable to Credentialing Division and return with application in the enclosed envelope.

Reminder: Please be sure to request a Verification of National Certification to be sent directly to this office.

If your original state of licensure is **NOT** available on Nursys (see list on Nursys form), complete top half of this form and mail to your original state of licensure. (Contact that state for applicable fees.)

PART I: To be completed by the APPLICANT and forwarded to original state of licensure

Name (Last,	First,	Middle,	Maiden)	Previous Name (s)
Current Address	City,	State,	Zip	
Date of Birth (mo/day/yr)	Social Security Number	License #	Type (RN/LPN)	State
Name as it appears on original license (Last, First, Middle, Maiden)				Original State of Licensure
Original License #	Type (RN/LPN)	Date Issued		
Nursing Education Program Completed	Location (state)	Graduation Date		

LIST ALL OTHER STATE OF LICENSURE

State: _____	License #: _____	Date Issued: _____
State: _____	License #: _____	Date Issued: _____
State: _____	License #: _____	Date Issued: _____
State: _____	License #: _____	Date Issued: _____

I hereby authorize all identified Boards of Nursing to release my licensure data to the _____ Board of Nursing.

Signature _____ Date _____

PART II: To be completed by LICENSING BOARD and forwarded to Nebraska Board of Nursing

This is to certify that the above named individual was issued license number _____ Date issued _____ to practice _____ Registered Nursing _____ Practical/Vocation Nursing

Licensed by: _____ Examination	Current Licensure Status: _____	Active
_____ Endorsement		Inactive
_____ Waiver		Lapsed
		Expiration Date

Has this license ever been encumbered (denied, revoked, suspended, limited, placed on probation)?

If yes please explain _____

Nursing Education Program _____ Approved by State? _____

Location (state) _____ Graduation Date _____

Graduated from _____ High School _____ GED

	STATE BOARD TEST POOL EXAM REGISTERED NURSE					LP/VN	NCLEX- RN	NCLEX-PN
	Medical Nursing	Psych Nursing	Obstetric Nursing	Surgical Nursing	Nursing of children			
Score								
Series/form#								

Score

State/ Provincial Constructed Exam _____

Number of times applicant wrote exam _____

CNATS Exam _____

Exam in English? _____

Other (Please explain) _____

SEAL

Signature _____

Title _____

State _____ Date _____

This form may be completed online, printed and mailed to the address listed below.

Nebraska Department of Health & Human Services
Regulation & Licensure, Credentialing Division
PO Box 94986
Lincoln NE 68509-4986
402/471-4376 or fax 402/471-1066

Affidavit of Practice/Non-Practice

Name: _____ License # _____

Attestation: All applicants requesting licensure must complete the following, have their signature notarized, and pay any appropriate fees prior to licensure based upon NAC 172 103-003.02(3):

_____ I have not practiced as an CRNA (Certified Registered Nurse Anesthetist) *in Nebraska* prior to my application for licensure.

_____ I have practiced as an CRNA *in Nebraska* prior to my application for licensure.

The actual number of partial or whole days that I practiced is _____.

I have enclosed a fine of \$10 per day for each partial or whole day practiced.

Affidavit:

State of _____ County of _____, I _____
being duly sworn, say that I am the person referred to in this affidavit, that the statements herein
contained are true to the best of my knowledge and belief; and that I have read and understand the
affidavit.

Legal Signature of Applicant

Date